

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043497

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 211

FILED Nov 27 1962

Primary Registration District No. 4324 Registrar's No. 42-62

VS 300
Rev. 4/59

6660

2630

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9480X

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Tuscumbia		c. CITY OR TOWN Rt. 2 - Meta, Mo.	
Length of stay in lb 7 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JESSE Middle JAMES' Last HELTON		4. DATE OF DEATH Month November Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-16-1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Maries Co., Mo.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jesse Helton		13b. MOTHER'S MAIDEN NAME Matilda Sherrell	
14. NAME OF HUSBAND OR WIFE Mamie Lister Helton		17. INFORMANT Address Mrs. Mamie Helton Rt. 2 Meta, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. INTERVAL BETWEEN ONSET AND DEATH Days	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia DUE TO (b) Congestive Heart Failure DUE TO (c) Influenza			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from March 1961 to November 17 and last saw him alive on November 17 Death occurred at 10:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James Howard Do		22b. ADDRESS Tuscumbia, Mo.	
22c. DATE SIGNED 11-20-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-20-1962	23c. NAME OF CEMETERY OR CREMATORY Southside Cemetery	
23d. LOCATION (City, town, or county) Meta, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS Scrivner-Stevinson Meta, Mo.		25. DATE RECD. BY LOCAL REG. 11-24-1962	
26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach			

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Fay G. Stevenson

Licensed Embalmer No. 5261

P. O. Address Iberia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.